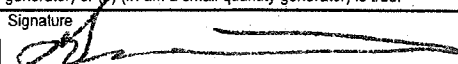
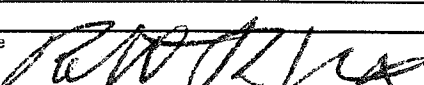
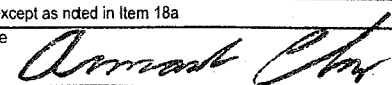


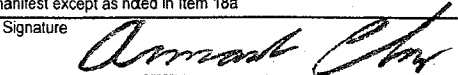


| | | | | | | | |
|---|---|--|--------------------------|--|---|------------------------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number WAD980738546 | 2. Page 1 of 1 | 3. Emergency Response Phone See Block 14 below | 4. Manifest Tracking Number 020072120 JJK | | |
| 5. Generator's Name and Mailing Address Alaskan Copper Works P.O. Box 3546 Seattle, WA 98124-3546 Generator's Phone: 206-382-8379 | | | | Generator's Site Address (if different than mailing address) Alaskan Copper Works 3200 8th Ave S Seattle, WA 98134 | | | |
| 6. Transporter 1 Company Name ACTION RESOURCES INC (ut) | | | | U.S. EPA ID Number ALR000007237 | | | |
| 7. Transporter 2 Company Name | | | | U.S. EPA ID Number | | | |
| 8. Designated Facility Name and Site Address World Resources Company 8113 West Sherman Street Tolleson, AZ 85353 Facility's Phone: (602) 233 9166 | | | | U.S. EPA ID Number AZD9807B5500 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | | | No. | Type | | | |
| | X | RQ, NA3077, Hazardous waste, solid, n.o.s. (F008), 0, III | 001 | CF | 1126 | P | F008 |
| | | | | | | | |
| | | | | | | | |
| 14. Special Handling Instructions and Additional Information Item 9b: Client provided container Actual weight received - 1,049 Lbs. P.O.# M144607 | | | | | | | |
| EMERGENCY CONTACT Call INFOTRAC at: 1-800-535-5053 Use company name "World Resources Company" | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offor's Printed/Typed Name Gerard Thompson | | | | Signature  | | Month Day Year 1 14 20 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Transporter 1 Printed/Typed Name Robert R Romine | | | | Signature  | | Month Day Year 1 14 2020 | |
| Transporter 2 Printed/Typed Name | | | | Signature | | Month Day Year | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| | Manifest Reference Number: | | | | | | |
| | 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | |
| | Facility's Phone: | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. H010 | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name Armando Chavez | | | | Signature  | | Month Day Year 1 20 20 | |

| | | | | | | | |
|--|--|---|--------------------------|--|---|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number WAD980738546 | 2. Page 1 of 1 | 3. Emergency Response Phone See Block 14 below | 4. Manifest Tracking Number 020072120 JJK | | |
| 5. Generator's Name and Mailing Address Alaskan Copper Works P.O. Box 3546 Seattle, WA 98124-3546 | | Generator's Phone: 206-382-8379 | | Generator's Site Address (if different than mailing address) Alaskan Copper Works 3200 8th Ave S Seattle, WA 98134 | | | |
| 6. Transporter 1 Company Name ACTION RESOURCES INC (ut) | | U.S. EPA ID Number ALR000007237 | | | | | |
| 7. Transporter 2 Company Name | | U.S. EPA ID Number | | | | | |
| 8. Designated Facility Name and Site Address World Resources Company 8113 West Sherman Street Tolleson, AZ 85353 | | Phone: (602) 233 9166 | | U.S. EPA ID Number AZD9807B5500 | | | |
| Facility's Phone: | | | | | | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | | No. | Type | | | | |
| | | 1. | 2. | | | | |
| | | 3. | 4. | | | | |
| | | 5. | 6. | | | | |
| X | RQ, NA3077, Hazardous waste, solid, n.o.s. (F006), 9, III | 001 | CF | 1126 | P | F006 | |
| 14. Special Handling Instructions and Additional Information Item 9b(1): Client provides container Actual weight received - 1,049 Lbs. P.O.# M144607 | | | | | | | |
| EMERGENCY CONTACT Call INFOTRAC at: 1-800-535-5053 Use company name "World Resources Company" | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offor's Printed/Typed Name Gerard Thompson | | Signature  | | Month Day Year 1 14 20 | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. | | Port of entry/exit: Date leaving U.S.: | | | | | |
| Transporter signature (for exports only): | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Transporter 1 Printed/Typed Name Robert R Romine | | Signature  | | Month Day Year 1 14 2020 | | | |
| Transporter 2 Printed/Typed Name | | Signature | | Month Day Year | | | |
| 18. Discrepancy | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | Manifest Reference Number: | | | | | |
| 18b. Alternate Facility (or Generator) | | U.S. EPA ID Number | | | | | |
| Facility's Phone: | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | Month Day Year | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. H010 | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name Armando Chavez | | Signature  | | Month Day Year 1 20 20 | | | |



WORLD RESOURCES COMPANY

8113 West Sherman Street Tel: 602.233.9166
Tolleson, Arizona 85353-4025 Fax: 623.936.9164

01/13/2020

Gerald Thompson
Environmental Assistant
Alaskan Copper Works
3200 Sixth Avenue South
Seattle, Washington 98124

Dear Mr. Thompson:

In accordance with the requirements of the Washington State Department of Ecology, World Resources Company (WRC) is happy to provide you with the following information needed to determine the exact amount of Alaskan Copper Works material recycled by WRC during the 2019 calendar year.

WRC is aware that the State of Washington requires a copy of the recycling credit documentation. In the past, Ms. Holly Sullivan at the Department of Ecology has been receptive to a copy of this letter as sufficient proof of recycling credit documentation.

The following information is provided for use in your submittal:

| | |
|----------------------------|---------------------------|
| Total Wet Tons Received: | 2.37 |
| Average Percent Solids: | 17.83 |
| Total Dry Tons: | 0.42 |
| Total Percentage Recycled: | 100% less 82.17% moisture |

After consultation with WRC corporate, technical, and legal personnel, it appears that the Form Code of W501 (if lime or hydroxide is used to precipitate your metals) or W519 (other inorganic sludges) might be appropriate choices to be used in preparing your submission. These codes are from the Washington Department of Ecology Book 2 Guidebook and Codes. Additionally, the Management Method Code of H010 (metals recovery) would be applicable to WRC's recycling process.

Please be advised that in accordance with 40 CFR 262.11, the ultimate decision as to the classification of the hazardous waste (e.g., the Form Code) rests with the generator. The views expressed by WRC herein, should not be considered as legal advice or substituted for the more accurate generator's technical knowledge or laboratory analysis of the recyclable material and the generation process used.

If you have any questions regarding this information, please contact me at (602) 233-9166, ext. 2310.

Sincerely,
WORLD RESOURCES COMPANY

Federico Gandara
Business Development Manager

ISO 9001 & ISO 14001 & OHSAS 18001 Certified Recycling Facility



AKC-0015887



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | | | | | | | | | | | | |
|--|---------------------|--|--|---------------------------------------|---------------------|--|-------|---|-------|--|-------|---|----------|-------------------|--|
| PRODUCER Cushman Insurance Agency, Inc. (All Other) DRC Insurance Agency, Inc. (Pollution Liability) P.O. Box 1069 Herndon VA 20172 | | CONTACT NAME: Carla Liberty PHONE (A/C, No, Ext): (703) 464-5727 FAX (A/C, No): (703) 774-3404 E-MAIL ADDRESS: cliberty@drcagency.com | | | | | | | | | | | | | |
| INSURED World Resources Company PO BOX 7460 Jackson WY 83002 | | INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Valley Forge Ins Co</td><td>NAIC # 20508</td></tr><tr><td>INSURER B: Travelers Prop Cas. Co of Amer</td><td>25674</td></tr><tr><td>INSURER C: Transportation Ins Co</td><td>20494</td></tr><tr><td>INSURER D: Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER E: Arch Insurance Company (See page 2)</td><td>Truckers</td></tr><tr><td>INSURER F:</td><td></td></tr></table> | | INSURER A: Valley Forge Ins Co | NAIC # 20508 | INSURER B: Travelers Prop Cas. Co of Amer | 25674 | INSURER C: Transportation Ins Co | 20494 | INSURER D: Illinois Union Insurance Company | 27960 | INSURER E: Arch Insurance Company (See page 2) | Truckers | INSURER F: | |
| INSURER A: Valley Forge Ins Co | NAIC # 20508 | | | | | | | | | | | | | | |
| INSURER B: Travelers Prop Cas. Co of Amer | 25674 | | | | | | | | | | | | | | |
| INSURER C: Transportation Ins Co | 20494 | | | | | | | | | | | | | | |
| INSURER D: Illinois Union Insurance Company | 27960 | | | | | | | | | | | | | | |
| INSURER E: Arch Insurance Company (See page 2) | Truckers | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: CL2012917690

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|--|--------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Blanket Additional Insured | | | 2075845509 | 02/01/2020 | 02/01/2021 | EACH OCCURRENCE \$ 1,000,000 |
| | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | | | | |
| | | | MED EXP (Any one person) \$ 5,000 | | | | |
| | | | PERSONAL & ADV INJURY \$ 1,000,000 | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 | | | 2075845512 | 02/01/2020 | 02/01/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Truckers-pg 2 | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | ZUP-12R85286-20-NF | 02/01/2020 | 02/01/2021 | EACH OCCURRENCE \$ 10,000,000 |
| | | | | | | | AGGREGATE \$ 10,000,000 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 4020529262 | 02/01/2020 | 02/01/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| D | Pollution Liability | | | GPI G71488457 001 | 02/01/2019 | 02/01/2022 | \$10,000,000 Occurrence \$20,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Alaskan Copper Works P.O. Box 3546 Seattle WA 98124-3546 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

| | | | |
|--|-----------|--|--|
| AGENCY Cushman Insurance Agency, Inc. | | NAMED INSURED World Resources Company | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Truckers Policy #FCBAT0061315
 Carrier: Arch Insurance Co. (Co. E on Front of Certificate)
 Effective: 02/01/2020 to 02/01/2021
 Liability Limit: \$1,000,000